

REC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13189
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1008**
(c) City St. Louis (d) Street No. Jewish Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 86 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 86 yrs. mos. ds.

Registered No. **3531**

2. PRINT FULL NAME Joseph Sher

(a) Residence, No. 6049 Suburban St. 5
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Sher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) (unk)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. ab. 69

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as saw mill, bank, etc. Scrap Iron
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kaunas Lithuania

FATHER 13. NAME Abraham Isaac Sher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lithuania

MOTHER 15. MAIDEN NAME Rose (unk)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lithuania

17. INFORMANT Max Sher
(ADDRESS) 1814 Franklin

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE 4/17/39

19. FUNERAL DIRECTOR (NAME) H. B. Berger
(ADDRESS) 4715 McPherson

20. FILED APR 17 1939
J. D. [Signature]
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/16/1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above at _____ m.
The principal cause of death and related causes of importance were as follows:
Internal Haemorrhage from lacerated left lung and fractured ribs suffered when struck by automobile driven by unknown driver about 7:15 P.M. April 15, 1939 at intersection of Hamilton and Baitone Ave.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury 4/15/39
Where did injury occur? Public Place
Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Joseph M. [Signature] M. D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Herbert I. Berger, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 1597

P. O. Address 4715 McPherson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.